

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/10/2015
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/25/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/10/15</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>At this PSR survey, Hillside Manor Nursing Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original building plus the additional 2002 built east-west corridor at the south end of the facility, including resident rooms 16 through 24 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This original portion of the facility was a one story facility with a basement and was determined to be of Type V (000) construction and was fully sprinklered. The 2002 addition east-west corridor at the south end of the facility, including resident rooms 16 through 24, was a one story facility determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 48 and had a census of 36 at the time of this survey.</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1	{K 000}			
{K 000}	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/25/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/10/15</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>At this PSR survey, Hillside Manor Nursing Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Resident rooms 25 and 26 in the east-west corridor in the south end of the facility, and the kitchen, dining room, and basement below in the north end of the facility were surveyed with Chapter 18 New Health Care Occupancies.</p> <p>These portions of the facility were determined to be of Type V (111) construction and were fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in resident sleeping rooms 25 and 26, and the corridors, the dining room, and the basement at the north end of the facility. The facility has a capacity of 48</p>	{K 000}			

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